

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. If and only if Senate Bill 2217 becomes law, the  
5 Illinois Insurance Code is amended by adding Section 367m as  
6 follows:

7 (215 ILCS 5/367m new)

8 Sec. 367m. Early intervention services. Parental consent  
9 is not required for the use of private insurance for early  
10 intervention services as defined in the Early Intervention  
11 Services System Act that are provided in this State pursuant to  
12 Part C of the federal Individuals with Disabilities Education  
13 Act. A policy of accident and health insurance that provides  
14 coverage for early intervention services must conform to the  
15 following criteria:

16 (1) The use of private health insurance to pay for  
17 early intervention services under Part C of the federal  
18 Individuals with Disabilities Education Act may not count  
19 towards or result in a loss of benefits due to annual or  
20 lifetime insurance caps for an infant or toddler with a  
21 disability, the infant's or toddler's parent, or the  
22 infant's or toddler's family members who are covered under  
23 that health insurance policy.

1           (2) The use of private health insurance to pay for  
2 early intervention services under Part C of the federal  
3 Individuals with Disabilities Education Act may not  
4 negatively affect the availability of health insurance to  
5 an infant or toddler with a disability, the infant's or  
6 toddler's parent, or the infant's or toddler's family  
7 members who are covered under that health insurance policy,  
8 and health insurance coverage may not be discontinued for  
9 these individuals due to the use of the health insurance to  
10 pay for services under Part C of the federal Individuals  
11 with Disabilities Education Act.

12           (3) The use of private health insurance to pay for  
13 early intervention services under Part C of the federal  
14 Individuals with Disabilities Education Act may not be the  
15 basis for increasing the health insurance premiums of an  
16 infant or toddler with a disability, the infant's or  
17 toddler's parent, or the infant's or toddler's family  
18 members covered under that health insurance policy.

19           Section 10. If and only if Senate Bill 2217 becomes law,  
20 the Early Intervention Services System Act is amended by  
21 changing Sections 11, 13, 13.10, and 13.15 as follows:

22           (325 ILCS 20/11) (from Ch. 23, par. 4161)

23           Sec. 11. Individualized Family Service Plans.

24           (a) Each eligible infant or toddler and that infant's or

1 toddler's family shall receive:

2 (1) timely, comprehensive, multidisciplinary  
3 assessment of the unique strengths and needs of each  
4 eligible infant and toddler, and assessment of the concerns  
5 and priorities of the families to appropriately assist them  
6 in meeting their needs and identify supports and services  
7 to meet those needs; and

8 (2) a written Individualized Family Service Plan  
9 developed by a multidisciplinary team which includes the  
10 parent or guardian. The individualized family service plan  
11 shall be based on the multidisciplinary team's assessment  
12 of the resources, priorities, and concerns of the family  
13 and its identification of the supports and services  
14 necessary to enhance the family's capacity to meet the  
15 developmental needs of the infant or toddler, and shall  
16 include the identification of services appropriate to meet  
17 those needs, including the frequency, intensity, and  
18 method of delivering services. During and as part of the  
19 initial development of the individualized family services  
20 plan, and any periodic reviews of the plan, the  
21 multidisciplinary team may seek consultation from the lead  
22 agency's designated experts, if any, to help determine  
23 appropriate services and the frequency and intensity of  
24 those services. All services in the individualized family  
25 services plan must be justified by the multidisciplinary  
26 assessment of the unique strengths and needs of the infant

1 or toddler and must be appropriate to meet those needs. At  
2 the periodic reviews, the team shall determine whether  
3 modification or revision of the outcomes or services is  
4 necessary.

5 (b) The Individualized Family Service Plan shall be  
6 evaluated once a year and the family shall be provided a review  
7 of the Plan at 6 month intervals or more often where  
8 appropriate based on infant or toddler and family needs. The  
9 lead agency shall create a quality review process regarding  
10 Individualized Family Service Plan development and changes  
11 thereto, to monitor and help assure that resources are being  
12 used to provide appropriate early intervention services.

13 (c) The initial evaluation and initial assessment and  
14 initial Plan meeting must be held within 45 days after the  
15 initial contact with the early intervention services system.  
16 The 45-day timeline does not apply for any period when the  
17 child or parent is unavailable to complete the initial  
18 evaluation, the initial assessments of the child and family, or  
19 the initial Plan meeting, due to exceptional family  
20 circumstances that are documented in the child's early  
21 intervention records, or when the parent has not provided  
22 consent for the initial evaluation or the initial assessment of  
23 the child despite documented, repeated attempts to obtain  
24 parental consent. As soon as exceptional family circumstances  
25 no longer exist or parental consent has been obtained, the  
26 initial evaluation, the initial assessment, and the initial

1 Plan meeting must be completed as soon as possible. With  
2 parental consent, early intervention services may commence  
3 before the completion of the comprehensive assessment and  
4 development of the Plan.

5 (d) Parents must be informed that early intervention  
6 services shall be provided to each eligible infant and toddler,  
7 to the maximum extent appropriate, in the natural environment,  
8 which may include the home or other community settings. Parents  
9 shall make the final decision to accept or decline early  
10 intervention services. A decision to decline such services  
11 shall not be a basis for administrative determination of  
12 parental fitness, or other findings or sanctions against the  
13 parents. Parameters of the Plan shall be set forth in rules.

14 (e) The regional intake offices shall explain to each  
15 family, orally and in writing, all of the following:

16 (1) That the early intervention program will pay for  
17 all early intervention services set forth in the  
18 individualized family service plan that are not covered or  
19 paid under the family's public or private insurance plan or  
20 policy and not eligible for payment through any other third  
21 party payor.

22 (2) That services will not be delayed due to any rules  
23 or restrictions under the family's insurance plan or  
24 policy.

25 (3) That the family may request, with appropriate  
26 documentation supporting the request, a determination of

1 an exemption from private insurance use under Section  
2 13.25.

3 (4) That responsibility for co-payments or  
4 co-insurance under a family's private insurance plan or  
5 policy will be transferred to the lead agency's central  
6 billing office.

7 (5) That families will be responsible for payments of  
8 family fees, which will be based on a sliding scale  
9 according to the State's definition of ability to pay which  
10 is comparing household size and income to the sliding scale  
11 and considering out-of-pocket medical or disaster  
12 expenses, and that these fees are payable to the central  
13 billing office. Families who fail to provide income  
14 information shall be charged the maximum amount on the  
15 sliding scale.

16 (f) The individualized family service plan must state  
17 whether the family has private insurance coverage and, if the  
18 family has such coverage ~~and parental consent has been~~  
19 ~~obtained~~, must have attached to it a copy of the family's  
20 insurance identification card or otherwise include all of the  
21 following information:

22 (1) The name, address, and telephone number of the  
23 insurance carrier.

24 (2) The contract number and policy number of the  
25 insurance plan.

26 (3) The name, address, and social security number of

1 the primary insured.

2 (4) The beginning date of the insurance benefit year.

3 (g) A copy of the individualized family service plan must  
4 be provided to each enrolled provider who is providing early  
5 intervention services to the child who is the subject of that  
6 plan.

7 (h) Children receiving services under this Act shall  
8 receive a smooth and effective transition by their third  
9 birthday consistent with federal regulations adopted pursuant  
10 to Sections 1431 through 1444 of Title 20 of the United States  
11 Code.

12 (Source: P.A. 97-902, eff. 8-6-12; 09800SB2217eng.)

13 (325 ILCS 20/13) (from Ch. 23, par. 4163)

14 Sec. 13. Funding and Fiscal Responsibility.

15 (a) The lead agency and every other participating State  
16 agency may receive and expend funds appropriated by the General  
17 Assembly to implement the early intervention services system as  
18 required by this Act.

19 (b) The lead agency and each participating State agency  
20 shall identify and report on an annual basis to the Council the  
21 State agency funds utilized for the provision of early  
22 intervention services to eligible infants and toddlers.

23 (c) Funds provided under Section 633 of the Individuals  
24 with Disabilities Education Act (20 United States Code 1433)  
25 and State funds designated or appropriated for early

1 intervention services or programs may not be used to satisfy a  
2 financial commitment for services which would have been paid  
3 for from another public or private source but for the enactment  
4 of this Act, except whenever considered necessary to prevent  
5 delay in receiving appropriate early intervention services by  
6 the eligible infant or toddler or family in a timely manner.  
7 "Public or private source" includes public and private  
8 insurance coverage.

9 Funds provided under Section 633 of the Individuals with  
10 Disabilities Education Act and State funds designated or  
11 appropriated for early intervention services or programs may be  
12 used by the lead agency to pay the provider of services (A)  
13 pending reimbursement from the appropriate State agency or (B)  
14 if (i) the claim for payment is denied in whole or in part by a  
15 public or private source, or would be denied under the written  
16 terms of the public program or plan or private plan, or (ii)  
17 use of private insurance for the service has been exempted  
18 under Section 13.25, ~~or (iii) parental consent has not been~~  
19 ~~obtained for the use of private insurance~~. Payment under item  
20 (B)(i) may be made based on a pre-determination telephone  
21 inquiry supported by written documentation of the denial  
22 supplied thereafter by the insurance carrier.

23 (d) Nothing in this Act shall be construed to permit the  
24 State to reduce medical or other assistance available or to  
25 alter eligibility under Title V and Title XIX of the Social  
26 Security Act relating to the Maternal Child Health Program and

1 Medicaid for eligible infants and toddlers in this State.

2 (e) The lead agency shall create a central billing office  
3 to receive and dispense all relevant State and federal  
4 resources, as well as local government or independent resources  
5 available, for early intervention services. This office shall  
6 assure that maximum federal resources are utilized and that  
7 providers receive funds with minimal duplications or  
8 interagency reporting and with consolidated audit procedures.

9 (f) The lead agency shall, by rule, create a system of  
10 payments by families, including a schedule of fees. No fees,  
11 however, may be charged for: implementing child find,  
12 evaluation and assessment, service coordination,  
13 administrative and coordination activities related to the  
14 development, review, and evaluation of Individualized Family  
15 Service Plans, or the implementation of procedural safeguards  
16 and other administrative components of the statewide early  
17 intervention system.

18 The system of payments, called family fees, shall be  
19 structured on a sliding scale based on the family's ability to  
20 pay. The family's coverage or lack of coverage under a public  
21 or private insurance plan or policy shall not be a factor in  
22 determining the amount of the family fees.

23 Each family's fee obligation shall be established  
24 annually, and shall be paid by families to the central billing  
25 office in installments. At the written request of the family,  
26 the fee obligation shall be adjusted prospectively at any point

1 during the year upon proof of a change in family income or  
2 family size. The inability of the parents of an eligible child  
3 to pay family fees due to catastrophic circumstances or  
4 extraordinary expenses shall not result in the denial of  
5 services to the child or the child's family. A family must  
6 document its extraordinary expenses or other catastrophic  
7 circumstances by showing one of the following: (i)  
8 out-of-pocket medical expenses in excess of 15% of gross  
9 income; (ii) a fire, flood, or other disaster causing a direct  
10 out-of-pocket loss in excess of 15% of gross income; or (iii)  
11 other catastrophic circumstances causing out-of-pocket losses  
12 in excess of 15% of gross income. The family must present proof  
13 of loss to its service coordinator, who shall document it, and  
14 the lead agency shall determine whether the fees shall be  
15 reduced, forgiven, or suspended within 10 business days after  
16 the family's request.

17 (g) To ensure that early intervention funds are used as the  
18 payor of last resort for early intervention services, the lead  
19 agency shall determine at the point of early intervention  
20 intake, and again at any periodic review of eligibility  
21 thereafter or upon a change in family circumstances, whether  
22 the family is eligible for or enrolled in any program for which  
23 payment is made directly or through public or private insurance  
24 for any or all of the early intervention services made  
25 available under this Act. The lead agency shall establish  
26 procedures to ensure that payments are made either directly

1 from these public and private sources, ~~when parental consent~~  
2 ~~has been obtained,~~ instead of from State or federal early  
3 intervention funds, or as reimbursement for payments  
4 previously made from State or federal early intervention funds.  
5 (Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01;  
6 92-307, eff. 8-9-01; 92-651, eff. 7-11-02; 09800SB2217.)

7 (325 ILCS 20/13.10)

8 Sec. 13.10. Private health insurance; assignment. The lead  
9 agency shall determine, at the point of new applications for  
10 early intervention services, and for all children enrolled in  
11 the early intervention program, at the regional intake offices,  
12 whether the child is insured under a private health insurance  
13 plan or policy. ~~Parental consent must be obtained when the lead~~  
14 ~~agency or enrolled provider who is providing a family with~~  
15 ~~early intervention services seeks to use the child or parent's~~  
16 ~~private insurance or benefits to pay for the initial provision~~  
17 ~~of early intervention services in the Individualized Family~~  
18 ~~Services Plan and anytime that an increase in frequency,~~  
19 ~~length, duration, or intensity is made to existing services in~~  
20 ~~the child's Individualized Family Services Plan.~~

21 (Source: P.A. 92-307, eff. 8-9-01; 09800SB2217.)

22 (325 ILCS 20/13.15)

23 Sec. 13.15. Billing of insurance carrier.

24 (a) Subject to the restrictions against private insurance

1 use on the basis of material risk of loss of coverage, as  
2 determined under Section 13.25, each enrolled provider who is  
3 providing a family with early intervention services shall bill  
4 the child's insurance carrier for each unit of early  
5 intervention service for which coverage may be available ~~and~~  
6 ~~parental consent has been obtained~~. The lead agency may exempt  
7 from the requirement of this paragraph any early intervention  
8 service that it has deemed not to be covered by insurance  
9 plans. When the service is not exempted, providers who receive  
10 a denial of payment on the basis that the service is not  
11 covered under any circumstance under the plan are not required  
12 to bill that carrier for that service again until the following  
13 insurance benefit year. That explanation of benefits denying  
14 the claim, once submitted to the central billing office, shall  
15 be sufficient to meet the requirements of this paragraph as to  
16 subsequent services billed under the same billing code provided  
17 to that child during that insurance benefit year. Any time  
18 limit on a provider's filing of a claim for payment with the  
19 central billing office that is imposed through a policy,  
20 procedure, or rule of the lead agency shall be suspended until  
21 the provider receives an explanation of benefits or other final  
22 determination of the claim it files with the child's insurance  
23 carrier.

24 (b) In all instances when an insurance carrier has been  
25 billed for early intervention services, whether paid in full,  
26 paid in part, or denied by the carrier, the provider must

1 provide the central billing office, within 90 days after  
2 receipt, with a copy of the explanation of benefits form and  
3 other information in the manner prescribed by the lead agency.

4 (c) When the insurance carrier has denied the claim or paid  
5 an amount for the early intervention service billed that is  
6 less than the current State rate for early intervention  
7 services, the provider shall submit the explanation of benefits  
8 with a claim for payment, and the lead agency shall pay the  
9 provider the difference between the sum actually paid by the  
10 insurance carrier for each unit of service provided under the  
11 individualized family service plan and the current State rate  
12 for early intervention services. The State shall also pay the  
13 family's co-payment or co-insurance under its plan, but only to  
14 the extent that those payments plus the balance of the claim do  
15 not exceed the current State rate for early intervention  
16 services. The provider may under no circumstances bill the  
17 family for the difference between its charge for services and  
18 that which has been paid by the insurance carrier or by the  
19 State.

20 (Source: P.A. 97-813, eff. 7-13-12; 09800SB2217.)

21 Section 99. Effective date. This Act takes effect upon  
22 becoming law.